

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P130: CareFirst BlueChoice Inc.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 21,892,048
Services Submitted: 21,892,048

Source File: P130_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)	439,059	482,294	9.8	8,457,428	9,829,389	16.2	476,077,425	561,717,372	18.0
2: PPO-POS	52,695	62,763	19.1	1,080,340	1,325,431	22.7	77,442,009	98,889,537	27.7
3: PPO or Other Managed Care	291,515	376,158	29.0	7,873,771	9,458,218	20.1	505,571,865	626,958,761	24.0
4: Indemnity Care	6,663	5,771	-13.4	311,262	276,664	-11.1	18,042,005	15,796,122	-12.4
5: HMO-POS Rider	56,534	43,550	-23.0	1,050,549	1,002,344	-4.6	79,245,449	74,851,101	-5.5
6: EPO									
9: Payer Code=9 (Unknown and Missing)		1			2			191	
Total	785,131	907,912	15.6	18,773,350	21,892,048	16.6	1,156,378,753	1,378,213,084	19.2

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	295,526	369,752	25.1	6,916,311	8,400,032	21.5	508,585,251	633,921,256	24.6
HMO Fee for Service	431,526	456,749	5.8	6,542,696	7,294,791	11.5	521,323,784	597,768,920	14.7
HMO Capitated	232,608	266,151	14.4	2,370,378	2,878,689	21.4			
Medicare, All Types	51,668	64,316	24.5	2,093,155	2,254,540	7.7	56,212,538	58,675,862	4.4
No Plan Assigned	45,215	57,812	27.9	850,810	1,063,996	25.1	70,257,180	87,847,046	25.0
Total	785,131	907,912	15.6	18,773,350	21,892,048	16.6	1,156,378,753	1,378,213,084	19.2

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental	283,865	331,864	16.9	4,585,580	5,274,569	15.0	61,616,842	65,139,370	5.7
2: Individual Plan	35,003	41,974	19.9	524,913	634,758	20.9	41,733,329	50,397,925	20.8
3: Private Employer Sponsored Fully Self-Ins	168,168	190,901	13.5	2,886,900	3,428,773	18.8	217,460,338	266,165,055	22.4
4: Private Employer Sponsored Insured	65,002	75,289	15.8	1,228,474	1,453,865	18.3	93,768,115	113,450,299	21.0
5: Public Employee	204,160	251,388	23.1	4,434,682	5,165,076	16.5	348,070,808	413,248,404	18.7
6: Comprehensive Standard Health Benefit Plan	292,576	321,206	9.8	5,112,801	5,935,007	16.1	393,729,321	469,812,031	19.3
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	785,131	907,912	15.6	18,773,350	21,892,048	16.6	1,156,378,753	1,378,213,084	19.2

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.